

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 20, 2005

ALL COUNTY INFORMATION NOTICE I-04-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS

SUBJECT: ASSISTING FAMILIES RECEIVING CHILD WELFARE
SERVICES TO ACCESS MENTAL HEALTH RESOURCES

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

The purpose of this All County Information Notice (ACIN) is to identify resources and suggested strategies to assist social workers, probation officers, and mental health caseworkers in assisting families receiving child welfare services to access mental health treatment services and supports for their children.

The federal Child and Family Services Review (CFSR) require that the State comply with the federal Well Being Outcomes for children. In California's federal review, the final report stated that for federal Well Being Outcome 3, Item 23 that: "Children receive adequate services to meet their physical and mental health needs." The key issue identified in the final report for California's review was that the State had not made "concerted efforts" to address the mental health needs of children. This was particularly noted for children and youth receiving in-home services.

For each area in which California was found to be in non-conformity, the development of an action step to address the area was required. The action steps for these areas are contained in California's Program Improvement Plan, which was negotiated with the federal government and approved in June 2003. Consistent with California's Program Improvement Plan, CDSS is issuing this notice which identifies resources and suggested strategies to assist caseworkers in connecting families with mental health services.

A major resource that is expected to greatly impact the public mental health system in California is Proposition 63. Proposition 63 was passed in November 2004, and is expected to provide \$275 million in 2004-05, and an annual \$750 million in mental health funding in ensuing years. The measure, which is called the Mental Health Services Act (MHSA), will provide funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults and seniors. The key objective is to use the funds to restructure the mental health system so that it is comprehensive, recovery based, culturally competent, consumer-driven and provides early intervention and prevention.

The State Department of Mental Health (DMH) has developed, with stakeholder input, a set of guiding principles to assist in the implementation of the MHSA Community Services and Supports component. One of these guiding principles is that DMH will work towards significant changes in the existing public mental health system, including comprehensive mental health treatment services for children, youth, and their families. For children, youth and their families, there will be the implementation of specific strategies to achieve more meaningful collaboration with child welfare, juvenile justice, education, and primary health care, in order to provide more comprehensive services. These services will be designed to enable children and youth to remain safely at home, to attend and succeed in school, abide by the law, be healthy and have meaningful relationships with their peers.

Another guiding principle is that for transition age youth (ages 16 to 25) programming will address the unique issues of this population who must manage their mental health issues while moving towards independence. This should include a person as a point of contact who would follow youth as they transition from the youth systems out of the mental health system or into the adult system. To meet the needs of these youth, programming will include specific strategies for collaboration between the youth and adult systems of care, education, employment and training agencies, alternative living programs, and housing and redevelopment agencies.

Currently, the MHSA is in the planning stages. The DMH has been gathering input from stakeholders and is developing county plan requirements. New information on the progress of the implementation of the MHSA is posted regularly on the DMH web site. The web site may be accessed at <http://www.dmh.ca.gov/> . Should you have questions related to the MHSA or desire additional information, you may also call toll free within California to (800) 972-MHSA (6472).

Attachment A of this ACIN will address suggested strategies and list resources to consider in assisting families receiving child welfare services to better access mental health treatment services. These resources are for families with children placed in out-of-home care as well as children receiving in-home services from child welfare. The resources are listed as a separate attachment in order to make it simpler to reproduce to hand out to families. The suggested strategies were developed as a result of the review of the resources. They are intended, along with the resources, to assist child welfare services and mental health staff in working together at both the State and local levels to begin/continue a dialog that will identify and remove barriers and to establish policies and procedures that will facilitate communication between the child welfare and mental health systems in order to better meet the needs of children.

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If you have questions related to this information notice, please contact Teresa Contreras, Bureau Chief, Child Welfare Policy and Program Development Bureau at (916) 651-6160.

Sincerely,

Original Document Signed by Susan Nisenbaum

SUSAN NISENBAUM, Chief
Child Protection and Family Support Branch

Attachments

**Suggested Strategies to Assist Families with Children and/or Youth
in the Child Welfare System in Accessing Mental Health Treatment Services**

Help the family identify what they can do for themselves and where others may need to help.

Increase access to services through family engagement in all aspects of case planning and service delivery.

Include youth in treatment planning by offering them developmentally appropriate information about treatment options. As much as possible, allow youth to make choices about preferred intervention strategies.

Educate the community about mental health and illness in children and youth.

Increase recognition that many children and youth have mental health problems that are real, painful, and sometimes severe.

Encourage the development of mentoring programs by community-based organizations for at risk children and youth.

Promote social and emotional well-being as an integral part of children's healthy development.

Improve the assessment of and recognition of mental health needs in children and youth by encouraging the early identification of needs in existing childcare, education, health, welfare, substance abuse treatment and juvenile justice systems.

Train first line health care providers to recognize and manage mental health issues, and to include mental health consultations as part of children's overall health care.

Establish regular meetings between key staff in the social work, mental health, juvenile justice and education systems to share information and do case conferencing.

Increase the understanding of practitioners, policymakers and the public of the increased risk that children and youth will enter the juvenile justice system when mental health problems are untreated.

Co-locate mental health services with other key systems such as education, primary care, welfare, etc., in order to increase access.

Increase efforts to recruit and train providers who will represent the racial, ethnic and cultural diversity of the community.

Modify interagency agreements and vendor contracts to permit the inclusion of language and expectations for integrated, family-centered, strength-based care for families and children dealing with mental illness.

Review and restructure, where necessary, the administration and funding of mental health services to support the system's capacity to respond to family need, whether the "identified client" is an adult or the child/youth, and encourage a family wraparound approach.

Merge efforts of the child welfare and mental health systems to encourage the family wraparound approach, including the coordination of the case planning and treatment planning processes, as well as case management.

Advocate at the State and local levels for the appropriate removal of barriers to confidentiality, and thus allow caseworkers and mental health staff access to needed information in children's records through both systems.

Provide joint training for caseworkers (both social workers and probation officers) and mental health staff.

Help educational staff identify school and community resources and partnerships to promote youth mental health.

Increase knowledge of educational staff of adolescent mental health, including risks and protective factors.

Resources for Caseworkers and for Families with Children Youth Who Are in Need of Mental Health Services

SAMHSA (<http://www.mentalhealth.org/>)

The United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA) National Mental Health Information Center was developed for users of mental health services and their families, the general public, policy makers, providers, and the media. Information is available on this web site, as well as from the Information Center. Information Center staff members are skilled at listening and responding to questions from the public and professionals. The staff quickly directs callers to Federal, State, and local organizations dedicated to treating and preventing mental illness. The Information Center also has information on Federal grants, conferences, and other events.

Included on the web site is information on the Caring for Every Child's Mental Health Campaign. The Caring for Every Child's Mental Health communications campaign is a national public information and education campaign to increase public awareness about the importance of protecting and nurturing the mental health of young people. The campaign helps families, educators, health care providers, and young people recognize mental health problems and to seek or recommend appropriate services. It also strives to reduce the stigma associated with mental health problems.

An order form for an extensive collection of communications products on the campaign is also found on the web site. This includes brochures, fact sheets, bookmarks, posters, and other materials. They are available in quantities to grantees and others who advocate for children's mental health at the local level. Spanish-language campaign products include a poster and brochure about children's mental health and a guide for families written in both Spanish and English. In addition, customized communications training sessions are held for grantees to help them develop communications strategies tailored to their own communities. Sessions focus on areas such as audience research, special events planning, spokesperson training, materials and product development, and strategic communications planning. These training events give grantees an opportunity to share successes, problems, and creative solutions for communications efforts at the local level. Help is also provided with developing media kits, engaging local media, building rapport with reporters, staffing press rooms, shaping messages based on local data, developing talking points, preparing speakers, doing media follow-up, and leveraging local media activity to coincide with national activity.

The Elimination of Barriers Initiative: Schools

(<http://www.allmentalhealth.samhsa.gov/schools.html>)

Another part of the SAMHSA website is the web page for the Elimination of Barriers Initiative: Schools. The Elimination of Barriers Initiative (EBI) is a 3-year initiative launched in September 2003 by the SAMHSA aimed at identifying effective public education approaches to counter the stigma and discrimination associated with mental

illnesses. Serious emotional disturbances (SEDs) affect about 5 to 9 percent of teenagers in America. This means that SEDs-diagnosable disorders in children and adolescents that severely disrupt daily functioning-affect about one in 15 teens or, on average, two students in every high school classroom.

Growing evidence shows that when schools address mental health issues they can boost academic achievement, reduce absenteeism, and increase graduation rates. To help schools reap these benefits, the EBI has developed a variety of materials. These include a guide for school administrators, a teacher training package, and several other tools, all designed to help educators make mental health a part of their classrooms. The training package consists of four modules, each with a trainer's outline and trainer's notes, slides, and handouts. The modules aim to increase knowledge of adolescent mental health, including risks and protective factors; show teachers and staff how to develop an action plan to help students who need additional support; suggest ways to promote a mentally healthy learning environment through instructional techniques that take into account individual differences and the classroom climate; and help staff identify school and community resources and partnerships to promote youth mental health. Like most forms of in-service education and professional development training, Eliminating Barriers for Learning emphasizes knowledge and skill development.

The Center for Effective Collaboration and Practice (<http://cecp.air.org/>)

The mission of the Center for Effective Collaboration and Practice is to support and promote the development of children with, or at risk of developing, serious emotional disturbances. To achieve that goal, the Center is dedicated to a policy of collaboration at federal, state, and local levels that contributes to and facilitates the production, exchange, and use of knowledge about effective practices. The U.S. Department of Education's Office of Special Education Programs has funded the Center to work with other Federal agencies to overcome barriers to collaboration and the use of knowledge in the multi-disciplinary, multi-stakeholder, multi-ethnic circumstances in which children with emotional and behavioral problems live and receive services.

The site contains information about children with serious emotional disturbances, current legislative activities, and contains information on promising and evidence-based practices, federal resources, research, and includes an online discussion site. There is information on cultural competence, special education, creating positive behavioral intervention plans and supports, prevention strategies that work, promising practice in children's mental health, and other topics.

The National Center on Secondary Education and Transition (<http://www.ncset.org/>)

The National Center on Secondary Education and Transition (NCSET) coordinates national resources, offers technical assistance, and disseminates information related to secondary education and transition for youth with disabilities in order to create opportunities for youth to achieve successful futures.

One of its recent information briefs was entitled [Age of Majority: Preparing Your Child for Making Good Choices](#). This brief stresses the importance of involving young people

in setting their own high school goals and planning for their transition to adulthood. It outlines significant considerations parents face in helping their children reach the age of majority, including development of decision-making skills, understanding transfer of rights, and issues related to guardianship.

Another information brief was entitled Diploma Options for Students with Disabilities. Diploma options represent alternative means of graduating from high school. The No Child Left Behind (NCLB) Act of 2001 has increased the pressure on schools across the country to improve graduation rates for all students, including students with disabilities. The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 require that students with disabilities participate in state and district assessments and that results be reported. These requirements have had an impact on the states, affecting the range of diploma options offered to students. Many states offer multiple diploma options as a strategy to meet the requirements of NCLB and IDEA, and to improve school completion rates for students, especially those with disabilities. This brief outlines the different types of diploma options, discusses the benefits of systems with single diploma options and those with multiple diploma options, and provides information about further resources on the topic.

The Federation of Families for Children's Mental Health (<http://www.fcmh.org/>)

The Federation of Families for Children's Mental Health is a family-run organization dedicated to helping children with mental health needs and their families achieve a better quality of life. They provide leadership to develop and sustain a nationwide network of family-run organizations; focus the enthusiasm and cultural diversity of their membership to be a potent force for changing how systems respond to children with mental health needs and their families; and help policy-makers, agencies, and providers become more effective in delivering services and supports that foster healthy emotional development for all children.

They have a number of books and guides available to assist families, including A Family's Guide to the Child Welfare System, which is a comprehensive guide that answers many of the questions families face when they become involved in the child welfare system. There is also a 16 page booklet, Your Family and Managed Care, which is a clearly written guide explaining the workings, advantages and pitfalls of managed care for children with mental, emotional or behavioral disorders. The booklet is also available in Spanish.

Children Now (<http://www.childrennow.org/>)

Children Now is a non-profit research and advocacy organization based in California dedicated to improving children's lives. Although not primarily a mental health related-website, it promotes education, health and well-being for all children. The web site focuses on a variety of topics to help parents and caregivers raise children. Because the organization is California-based, there is an emphasis on tracking the status of California children's education, health, economic security and safety to inform state and local policymaking.

The National Center for Mental Health and Juvenile Justice

<http://www.ncmhjj.com/>

The National Center for Mental Health and Juvenile Justice was established to assist the field in developing improved policies and programs for youth with mental health disorders in contact with the juvenile justice system, based on the best available research and practice. The Center, which is operated by Policy Research, Inc. in partnership with the Council of Juvenile Correctional Administrators (CJCA), is supported by a grant from the John D. and Catherine T. MacArthur Foundation. The Center operates current projects with funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Center provides a centralized national focal point that gathers and links the various activities and research that are currently underway, maximizing the awareness and usefulness of new products and learning, and using the best available knowledge to guide practice and policy.

The Center provides various types of assistance to families, program administrators, policy makers, government officials, researchers, and service providers on a wide variety of issues. Center staff provides access to resources and specialized information, or help with a defined problem. Assistance can take the form of providing materials pertaining to youth with mental health needs in the juvenile justice system, such as annotated bibliographies, research and program briefs, and monographs that synthesize current knowledge; preparing customized searches using our comprehensive database to locate the latest and best research available on a topic; providing information about technical assistance centers that can offer detailed advice about effective policies and practices pertaining to the legal, mental health, educational, child welfare, health and social service systems; identifying best practice models in the country that have demonstrated quality and effectiveness; identifying national consultants who can offer specialized training and expertise on a wide range of issues; and links to known organizations, both public and private, that have the capacity to provide timely information about questions pertaining to training, research, grants, and clinical practice.

Some of the information included on the web site is about a tool that is useful for screening youth coming into the juvenile justice system for mental health needs. The National Youth Screening Assistance Project is designed to assist users of the Massachusetts Youth Screening Instrument- Second Version (MAYSI-2). The MAYSI-2 is a brief screening instrument designed to identify potential mental health needs of youths as they make contact with the juvenile justice system-for example, at probation intake, admission to pretrial secure detention facilities, and reception into state youth correctional facilities.

The MAYSI-2 is a standardized, reliable; 52-item, true-false, paper-and-pencil method for screening every youth of ages 12-17 entering the juvenile justice system, in order to identify potential mental health needs in need of immediate attention. Requiring less than 10 minutes to administer and using the youth's self-report, the MAYSI-2 is feasible for use by non-clinical staff at intake probation, pretrial detention admission, and reception into a state's youth authority facilities.

As of December 2000, over 200 justice facilities and programs in 30 states and 16 major cities were registered for use of the MAYSI-2.

California Department of Education (<http://www.cde.ca.gov/sp/se/fp/index.asp>)

This web site of the California Department of Education (CDE) provides information on family involvement and partnerships for children with special needs. It provides information on the education rights and entitlements of children with special needs, and what parents and caregivers need to know to advocate for their children's education.

The Research and Training Center (<http://www.rtc.pdx.edu/>)

The Research and Training Center is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are, or may be affected by mental, emotional or behavioral disorders. The site contains information on national efforts to improve services to children with mental illness, data trends, publication that can be downloaded, conference information, training, and family support groups.

California Institute of Mental Health (<http://www.cimh.org/>)

The California Institute of Mental Health (CIMH) is dedicated to a vision of a "community and mental health services system that provides recovery and full social integration for persons with psychiatric disabilities, while helping to sustain and support families and children, and promoting mental health wellness." Founded by local mental health directors, it was planned that CIMH would work collaboratively with all mental health system stakeholders. Board membership includes consumers, family members, and other interested persons representing the public interest.

The site provides information on multi-dimensional treatment foster care, functional family therapy, juvenile justice and mental health, and several other projects and programs to assist children with mental illness or behavioral disorders. For example, contained on the web site is information on Therapeutic Behavioral Services (TBS), which are intensive one-to-one services that are reimbursable under MediCal. The California State Department of Mental Health contracted with CIMH's Cathie Wright Center for Technical Assistance to assist them in implementing TBS. The Cathie Wright Center has many resources available on the web site to help understand and implement TBS, including Guidelines for Submission of Paperwork, forms, and brochures (which are available in several languages).

Children and Families Futures (<http://www.cffutures.com/index.html>)

Children and Families Futures is a non-profit firm providing technical assistance and training, strategic planning, and evaluation and development of effectiveness measures to government agencies, community based organizations, and schools. They are dedicated to improving outcomes for children and families, particularly those affected by alcohol and other drugs and those involved in the welfare and child welfare systems.

The site provides information about various state and local programs that serve families with drug abuse issues and involvement in the child welfare systems.

The California State Department of Social Services

<http://www.dss.cahwnet.gov/cdssweb/>

This web site contains basic information on a wide variety of social service programs that can benefit children with behavioral health issues. The site also includes information on the Child Welfare Improvements that are currently underway. The site contains information on the new outcomes and accountability system, which became effective January 1, 2004. Assembly Bill 636 was signed into law in 2001, and required the establishment of a new outcomes-based review system, the California-Children and Family Services Review (C-CFSR). The new system includes outcomes in the federal Child and Family Services Review, as well as some state-enhanced measures. Using county self-assessments and system improvement plans to monitor and track county child welfare improvement and change, the C-CFSR implements a system-wide, results-based planning instrument necessary for continuous improvement, as well as an outcome and accountability system that will measure change and support that improvement. There is also information on the outcomes being measured, and what they mean in terms of meaningful improvements in the lives of children and families.

The web site also discusses the program and practice improvements currently under way in child welfare such as the development of a statewide safety assessment system, the promotion of permanent connections for youth and improved transitions to adulthood, and the improvements to child abuse hotline response systems with the implementation of a differential response system.

The Vera Institute of Justice (www.vera.org)

Loss Screening Interview (tool) – Childhood Loss and Behavioral Difficulties at School Project (June 2004)

Grief in children and adolescents sometimes manifests itself in anger, depression, or aggression. Unfortunately, many people in the child welfare, juvenile justice, and school disciplinary and truancy systems have not been trained to recognize loss and its symptoms or how to respond constructively when a grieving young person acts out. Grieving children may even be treated more punitively than other children who have disciplinary problems because they may behave belligerently or refuse to engage with adults trying to help them, which are normal psychological reactions to loss.

The *Loss Screening Interview* was developed by the Vera Institute with city and state agencies to assess whether students' behavior and attendance difficulties may be grief-related. The Institute piloted the new screening tool at a Bronx middle school during the 2003-2004 school year and found students generally receptive and interested in learning about grief-related symptoms. In addition, the school staff responsible for responding to disciplinary and truancy problems received training to promote their recognition and understanding of the impact of childhood loss. The *Loss Screening Interview* is available for use on the Vera Institute website.

California Department of Developmental Services (<http://www.dds.cahwnet.gov/>)

The California Department of Developmental Services (DDS) is the agency through which the State of California provides services and supports to children and adults with developmental disabilities. These disabilities include mental retardation, cerebral palsy, epilepsy, autism and related conditions. This web site contains information on definitions of developmental disabilities, and the educational and civil rights of individuals with developmental disabilities.

National Alliance for the Mentally Ill (<http://www.nami.org>)

The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.

Founded in 1979, as the National Alliance for the Mentally Ill, NAMI today works to achieve equitable services and treatment for more than 15 million Americans living with severe mental illnesses and their families. Hundreds of thousands of volunteers participate in more than one thousand local affiliates and fifty state organizations to provide education and support, combat stigma, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families.

This web site provides information about conferences and upcoming events sponsored by NAMI as well as research and information on mental illness. There is also information on state and local chapters of NAMI and how to advocate for persons with mental illness. It has recently added information on physical health issues that may affect children and adults with mental illness.

Family to Family California (<http://www.f2f.ca.gov/>)

The United States child welfare system faces serious challenges that have been growing for more than a decade. In response, the Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, developed a reform initiative called Family to Family. A number of California counties have begun implementation of Family to Family, and are in various stages of implementation.

Family to Family was designed in 1992 and has now been field tested in communities across the country. The Family to Family Initiative provides an opportunity for states and communities to redesign and reconstruct their foster care system to achieve the following new system-wide goals: to develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live; to assure that scarce family foster home resources are provided to all those children who in fact must be removed from their homes; to reduce reliance

on institutional or congregate care (in shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs and group homes); to increase the number and quality of foster families to meet projected needs; to reunify children with their families as soon as that can safely be accomplished; to reduce the lengths of stay of children in out-of-home care; to better screen children being considered for removal from home, and to determine what services might be provided to safely preserve the family; to decrease the overall number of children coming into out-of-home care; to involve foster families as team members in family reunification efforts; and to become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

The new system is designed to better screen children being considered for removal from home, to determine what services might be provided to safely preserve the family and/or what the needs of the children are; be targeted to bring children in congregate or institutional care back to their neighborhoods; involve foster families as team members in family reunification efforts; become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes; and provide permanent families for children in a timely manner.

This web site provides strategies for recruiting, training and maintaining resource families, building community partnerships and the team decision making process for determining placement options and supports for children at risk of out of home placement or already placed outside their homes. It also contains related links.

School Mental Health Project Center (<http://smhp.psych.ucla.edu>)

This website from the University of California, Los Angeles' School Mental Health Project Center's Center for Mental Health in Schools has excellent information and resources on school based mental health programs. The Center provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs. It strives to support schools and community collaboratives in the development of programs that are accessible, family-centered, culturally sensitive, and responsive to local needs. The Center also offers training, a forum for the exchange of ideas, and promotes coordinated systems of care that provide a full continuum of services to enhance mental health, development and learning in youth. The site contains many links to other resources that provide information on how to achieve better educational supports and services for children with mental illness and their families.

United Advocates for Children of California (www.uacc4families.org)

United Advocates for Children of California is an advocacy web site dedicated to the empowerment of youth and their families through education. Their mission is to improve the quality of life for all children and youth with mental, emotional and behavioral challenges; to eliminate discrimination and social stigma; and to promote the empowerment of families to meet the mental health needs of children. This site features comprehensive articles and links, which provide information regarding childhood mental health issues as well as a directory of parent partnership sites and resources.

The Judge David L. Bazelon Center for Mental Health Law

<http://www.bazelon.org/welcome.html>

The Judge David L. Bazelon Center for Mental Health Law is a nonprofit legal advocacy organization based in Washington, D.C. Known until 1993 as the Mental Health Law Project, its name today honors the federal appeals court judge whose landmark decisions pioneered the field of mental health law. Their advocacy is based on the principle that every individual is entitled to choice and dignity. The primary focus of this group is to preserve and protect the rights of people with mental illness. It is an excellent resource for those interested in promoting community involvement and the self determination of people with mental illness. The site contains many current articles on federal legislation that affect children and adults with mental illness.

Fight Crime: Invest in Kids *California* (<http://www.fightcrime.org/ca/cafaq.php>)

Established in 2000, Fight Crime: Invest in Kids *California* is a bipartisan, nonprofit, anti-crime organization led by more than 260 sheriffs, police chiefs, district attorneys and victims of violence. It is part of Fight Crime: Invest in Kids, a national nonprofit organization representing over 2,000 law enforcement leaders and victims of violence, headquartered in Washington, DC. Fight Crime: Invest in Kids *California's* mission is to take review the research to find what really works to keep kids from becoming criminals and then share information about proven crime-prevention strategies with policymakers, the media and the public.

Research evidence and experience in crime-fighting prove that effective strategies for reducing crime are: early care and education programs for preschoolers and young children; after-school programs; mental health services for youth; and child abuse prevention programs. Fight Crime: Invest in Kids *California* researches and evaluates the effectiveness of crime-prevention strategies; voices the crime-prevention concerns and recommendations of its membership of sheriffs, police chiefs, district attorneys and crime survivors; develops policy recommendations and analyzes the crime-prevention impact of public policy proposals; educates local, state, and national policymakers and the public about effective crime-prevention programs; and serves as an information resource for journalists, policymakers and the public.

Some recent articles include a white paper prepared by Fight Crime: Invest in Kids *California* entitled [What Works In California: Research Shows That Meeting Troubled Kids' Mental Health Needs Reduces Crime](#). It discusses research that indicates that quality juvenile justice programs that have strong mental health components reduce crime. Key program features include mental health assessments and screenings, as well as the development of case management plans that direct youth and their families to mental health services. In addition, the web site has a toolkit available to download which describes proven and promising programs to meet the mental health needs of children and youth. The toolkit includes proven programs, promising programs and emerging programs, as well as data sources and additional resources.